

G10. BEHAVIOR MANAGEMENT

G10.1* Legal and Regulatory
Compliance/Governing Body
and Administrative Oversight

G10.2* Behavior Management
Practices

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G10. BEHAVIOR MANAGEMENT

G10. The organization protects the rights of persons served in its restrictive behavior management practices and complies with the standards of this section.

Note: Restrictive behavior management interventions are those that restrict, limit, or curtail a person's freedom of movement to prevent harm to self or others. This includes instances in which a person is temporarily immobilized from a manual restraint used to maintain a person's safety, to situations where a person exhibits threatening behavior and needs to be mechanically restrained to prevent harm to self or others.

The organization that provides any of the following services must complete G10. In addition, an organization that permits the use of any behavior management practice noted in G10 in one or more of its services must complete G10.

Treatment Foster Care (S21)

Day Treatment (S24)

Group Living (S26)

Residential Treatment (S27)

Therapeutic Residential Wilderness Camping/Adventure-Based Therapeutic Outdoor Services (S28)

Any other service that employs isolation, manual or mechanical restraint, and/or locked seclusion.

LEGAL AND REGULATORY COMPLIANCE/GOVERNING BODY AND ADMINISTRATIVE OVERSIGHT*

G10.1 The organization that employs restrictive behavior management interventions does so in compliance with legal requirements and under the oversight of its management and governing body.

Note: The use of mechanical restraints is prohibited for public or private non-medical, community-based facilities for children and youth according to the Public Health Service Act, as amended by the Children's Health Act of 2000.

G10.1.01

The organization's behavior management practices, including the use of restrictive interventions such as isolation, manual or mechanical restraint, or locked seclusion comply with all federal, provincial, state, and local legal and regulatory requirements.

Evidence of Compliance (G10.1.01)

ON-SITE
The team will interview the chief executive officer and review documentation of compliance.

Rating Indicators (G10.1.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with all legal and regulatory requirements, with only minor exceptions noted in reports.
- 3 The organization does not comply with requirements in at least one major area and is remedying this under the direction of appropriate authorities.
- 4 The organization has a pervasive problem of non-compliance.



G10.1.02

Behavior management policies and procedures include:

- a. specific behavior management practices that may be used and under what circumstances; and**
- b. whether or not restrictive interventions such as isolation, manual or mechanical restraint, or locked seclusion are permitted.**

Evidence of Compliance (G10.1.02)

PRE-SITE

Provide the relevant sections of the organization's behavior management policies and procedures.

ON-SITE

As appropriate, the team will interview the chief executive officer and/or members of the governing body and review governing body minutes.

Rating Indicators (G10.1.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., the description of permitted practices needs greater specificity or clarity.
- 3 Practice requires significant improvement, e.g., policies and procedures are too vague to provide guidance to personnel.
- 4 The organization does not comply with the standard.

G10.1.03

The organization evaluates the use of specific behavior management practices and:

- a. annually evaluates how organizational behavior management practices compare with current best practice; and**
- b. reports quarterly to the governing body on the use of such practices.**

Evidence of Compliance (G10.1.03)

PRE-SITE

Provide relevant reports. The team will review the evidence that is provided for G2.5.03 and G2.5.04.

ON-SITE

The team will interview the chief executive officer and review governing body minutes for evidence of governing body review.

Rating Indicators (G10.1.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.1.04

When organizational policy permits the use of locked seclusion or manual or mechanical restraint, personnel immediately inform the chief executive officer or his/her designee of the use of such procedures.

Evidence of Compliance (G10.1.04)

PRE-SITE

Provide reporting procedures.

ON-SITE

The team will interview personnel and review evidence of the notification of the chief executive officer.

Rating Indicators (G10.1.04)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
 - 3 Practice requires significant improvement.
 - 4 The organization does not comply with the standard.
- NA The organization does not permit the use of manual restraint, locked seclusion, or mechanical restraint.



BEHAVIOR MANAGEMENT PRACTICES*

G10.2 The organization respects the rights and dignity of persons served when employing restrictive behavior management interventions.

Interpretation (G10.2):

The organization must provide a service environment that minimizes, to the extent possible, the need for restrictive behavior management practices.

G10.2.01

Manual restraint, locked seclusion, and mechanical restraint or other restrictive behavior management interventions are only used in emergency or crisis situations to protect individuals from harming themselves or others.

Interpretation (G10.2.01):

The standard prohibits the use of manual restraint, locked seclusion, and mechanical restraint for the purposes of routine discipline or convenience. These practices are only to be used to ensure the physical safety of the person served, staff, or others.

Evidence of Compliance (G10.2.01)

PRE-SITE
Provide the relevant sections of the procedures that are provided for G10.5.02, G10.6.02, and G10.7.02.

Rating Indicators (G10.2.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.
- 3 Practice or procedure requires significant improvement.
- 4 The organization does not comply with the standard.

G10.2.02

At admission each person served is assessed for his/her potential need for restrictive behavior management interventions including isolation, manual or mechanical restraint, or locked seclusion, as appropriate, and this assessment includes:

- a. the potential for risk of harm to self or others;
- b. antecedents to out-of-control behavior;
- c. the effectiveness of previous use of such interventions;
- d. psychological, and social factors (such as psychosis, history of abuse, or claustrophobia that influence use of such practices); and
- e. medical factors that might put the person at risk.

Interpretation (G10.2.02):

Medical factors may include issues related to use of medications, such as an insulin imbalance.

Evidence of Compliance (G10.2.02)

PRE-SITE
Provide assessment procedures and instruments that address the requirements of the standard.
ON-SITE
The team will review case records.

Rating Indicators (G10.2.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way; or one of the required elements is not fully addressed.
- 3 Practice requires significant improvement; or two of the required elements are not fully addressed; or one element is not addressed at all.

(continued on next page)



4 Three or more of the required elements are not fully addressed; or two or more elements are not addressed at all.

G10.2.03

A behavior management plan is developed, as appropriate, with the person served and:

- a. includes the results of the assessment described in G10.2.02;**
- b. specifies which specific interventions may or may not be used;**
- c. is modified as necessary; and**
- d. is signed by the person and his/her parent or legal guardian.**

Evidence of Compliance (G10.2.03)

PRE-SITE
Provide procedures for developing and implementing behavior management plans.
ON-SITE
The team will interview personnel.

Rating Indicators (G10.2.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.2.04

An organization that employs isolation, manual or mechanical restraint, or locked seclusion documents in the case record that the parent or legal guardian:

- a. received notification in writing at the time of admission that such interventions are used by the organization;**
- b. received a copy of behavior management procedures; and**
- c. was notified immediately when mechanical restraint or locked seclusion were used.**

Evidence of Compliance (G10.2.04)

PRE-SITE
Provide procedures that address parental information and notification of behavior management interventions.
ON-SITE
The team will interview parents or guardians and review case records.

Rating Indicators (G10.2.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.
- NA The organization does not use the listed practices.

G10.2.05

The organization prohibits the following:

- a. chemical restraint;**
- b. seclusion, restraint or medication in non-crisis or emergency situations, as a form of discipline, or for the convenience of staff;**
- c. excessive or inappropriate use of permitted behavior management interventions; and**
- d. the application of behavior management interventions by persons served or any other person other than trained, qualified staff.**

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Interpretation (G10.2.05):

“Excessive or inappropriate use” of behavior management interventions refers to use that is not congruent with the requirements in G10.4, G10.5, G10.6, or G10.7.

Evidence of Compliance (G10.2.05)

PRE-SITE
Provide relevant sections of the organization’s behavior management policies and procedures regarding prohibited interventions.

Rating Indicators (G10.2.05)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement, e.g., there has been little effort to define unacceptable methods of behavior control; or procedures are extremely vague and unclear.
- 4 The organization does not comply with the standard.

G10.2.06

The organization discontinues behavior management interventions if they produce adverse side effects such as illness, severe emotional or physical stress, or physical damage.

Evidence of Compliance (G10.2.06)

PRE-SITE
Provide the relevant sections of behavior management procedures. The team will review relevant evidence that is provided for G2.5.03 and G2.5.04.
ON-SITE
The team will interview personnel.

Rating Indicators (G10.2.06)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

BEHAVIOR MANAGEMENT TRAINING*

G10.3 All personnel receive appropriate training in the organization’s behavior management practices.

Interpretation (G10.3):

All personnel receive behavior management training in accord with their responsibilities, e.g., non-direct service personnel must be trained on how to appropriately respond to incidents of out-of-control behavior that they may observe.



G10.3.01

All personnel receive initial and ongoing competency-based training on the organization’s behavior management policies, procedures, and practices, including:

- a. four hours’ initial training, and an annual refresher course for support staff who have client contact;**
- b. eight hours’ initial training and an annual refresher course for direct service providers; and**
- c. 12 hours’ initial training and an annual refresher course for personnel who are authorized to conduct assessment and evaluation of persons in isolation, manual or mechanical restraint, or locked seclusion.**

Evidence of Compliance (G10.3.01)

PRE-SITE

Provide the table of contents of training curricula, a list of personnel currently not trained, and training schedules. The team will review applicable evidence that is provided for G7.

ON-SITE

The team will review training materials and training attendance records.

Rating Indicators (G10.3.01)

- 1 The organization fully complies with the standard.
- 2 A substantial number of personnel have received the required training; or training activities could be strengthened in some minor way.
- 3 A significant number of clinical personnel have not received the required training; or practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.3.02

All direct service personnel, including supervisors and others, as appropriate, receive behavior management training that includes:

- a. recognizing situations, including medical conditions, that may lead to a crisis;**
- b. understanding how staff behavior can influence the behavior of persons served; and**
- c. appropriate methods for de-escalating volatile situations, including verbal techniques, mediation, and other non-restrictive ways of dealing with aggressive or out-of-control behavior.**

Evidence of Compliance (G10.3.02)

PRE-SITE

Provide the table of contents of training curricula and training schedules. The team will review applicable evidence that is provided for G7.

ON-SITE

The team will review training materials and training attendance records.

Rating Indicators (G10.3.02)

- 1 The organization fully complies with the standard.
- 2 Training covers the listed topics, but one of the topics needs additional specificity or depth; or a few personnel have not received the required training.
- 3 Certain topics are emphasized at the expense of others; or a significant percentage of personnel have not been trained.
- 4 Only cursory attention is given to two or more of the topics specified; or one or more item is entirely omitted from the curriculum; personnel consistently do not receive training.

G10.3.03

When policy permits the use of isolation, manual or mechanical restraint, or locked seclusion, training also includes:

- a. the preferred use of non-physical techniques in crisis situations;**
- b. the permitted uses of behavior management techniques; and**
- c. procedures for implementing their use.**

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<p>Evidence of Compliance (G10.3.03)</p> <p>PRE-SITE Provide the table of contents of training curricula and training schedule; the team will review applicable evidence that is provided for G7.</p> <p>ON-SITE The team will review training materials and training attendance records.</p>	<p>Rating Indicators (G10.3.03)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 Training covers the listed topics, but one of the topics needs additional specificity or depth; or a few personnel have not received the required training. 3 Certain topics are emphasized at the expense of others; or a significant percentage of personnel have not been trained. 4 Only cursory attention is given to two or more of the topics specified; or one or more item is entirely omitted from the curriculum; personnel consistently do not receive training. <p>NA The organization does not permit the use of the listed practices.</p>
<p>G10.3.04</p> <p>Personnel who are designated to employ and administer isolation, manual or mechanical restraint, or locked seclusion, receive additional training that includes:</p> <ol style="list-style-type: none"> a. the proper and safe administration and use of permitted techniques; b. understanding how a person experiences being placed in restraint or locked seclusion; and c. self-protection techniques. 	
<p>Evidence of Compliance (G10.3.04)</p> <p>PRE-SITE Provide the table of contents of training curricula and training schedules. The team will review applicable evidence that is provided for G7.</p> <p>ON-SITE The team will review training materials and training attendance records.</p>	<p>Rating Indicators (G10.3.04)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 Training covers the listed topics, but one of the topics needs additional specificity or depth; or a few personnel have not received the required training. 3 Certain topics are emphasized at the expense of others; or a significant percentage of personnel have not been trained. 4 Only cursory attention is given to two or more of the topics specified; or one or more item is entirely omitted from the curriculum; personnel consistently do not receive training. <p>NA The organization does not permit the use of the listed practices.</p>
<p>G10.3.05</p> <p>Training for persons authorized to conduct assessment and evaluation of persons in isolation, manual and/or mechanical restraint, or locked seclusion includes:</p> <ol style="list-style-type: none"> a. assessing physical and mental status, including signs of physical distress; b. assessing nutritional and hydration needs; c. assessing readiness to discontinue use of the intervention; and d. recognizing when medical or other emergency personnel are needed. 	
<p>Evidence of Compliance (G10.3.05)</p> <p>PRE-SITE Provide the table of contents of training curricula and training schedules. The team will review applicable evidence that is provided for G7.</p> <p>ON-SITE The team will review training materials and training attendance records.</p>	<p>Rating Indicators (G10.3.05)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 Training covers the listed topics, but one of the topics needs additional specificity or depth; or, a few personnel have not received the required training. <p style="text-align: right;"><i>(continued on next page)</i></p>



	<p>3 Certain topics are emphasized at the expense of others; or a significant percentage of personnel have not been trained.</p> <p>4 Only cursory attention is given to two or more of the topics specified; or one or more item is entirely omitted from the curriculum; personnel consistently do not receive training.</p> <p>NA The organization does not permit the use of the listed practices.</p>
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G10.3.06

The organization conducts post-testing of all personnel who receive behavior management training to ensure competency.

Evidence of Compliance (G10.3.06)

PRE-SITE
Provide procedures and testing instruments and an analysis of the effectiveness of each segment of training.

Rating Indicators (G10.3.06)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

ISOLATION*

G10.4 An organization whose policies permit the use of isolation complies with the standards of this section.

NA Organizational policy prohibits the use of isolation.

G10.4.01

In each instance where isolation is used:

- a. authorization for its use is provided by qualified personnel with the appropriate credentials, skills, knowledge, and expertise and in accord with federal, state, or provincial requirements;**
- b. the clinical justification, use, circumstances, and length of application are clearly documented; and**
- c. each incident is administratively reviewed no later than one working day after its use.**

Evidence of Compliance (G10.4.01)

PRE-SITE
Provide procedures for authorizing the use of isolation. The team will review the risk management reports that are provided for G2.5.03 and G2.5.04.
ON-SITE
The team will review incident logs and case records.

Rating Indicators (G10.4.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.



G10.4.02

Persons placed in isolation are continuously monitored and assessed at least every 15 minutes for any harmful health or psychological reactions.

Evidence of Compliance (G10.4.02)

PRE-SITE
Provide procedures for monitoring and assessing persons in isolation.
ON-SITE
The team will interview personnel.

Rating Indicators (G10.4.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.4.03

Written procedures governing the use of isolation specify that:

- a. **isolation is discontinued as soon as possible;**
- b. **all direct service personnel have access to a copy of written policies and procedures regarding the appropriate and limited use of isolation;**
- c. **isolation rooms do not have any type of lock or locking device and conform to existing licensing or fire safety requirements;**
- d. **only one person at a time may use an isolation room;**
- e. **persons in isolation are provided with food, water, and access to a lavatory;**
- f. **a continuing log is kept containing names, reasons for isolation, amount of time isolated, and verification that continuous visual observation is maintained; and**
- g. **the use of isolation is documented in the person's case record.**

Evidence of Compliance (G10.4.03)

PRE-SITE
Provide procedures governing the use of isolation.
ON-SITE
The team will interview personnel, visually inspect rooms used for isolating persons served, and review the log.

Rating Indicators (G10.4.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.4.04

The use of isolation is limited to the following maximum time per episode:

- a. **15 minutes for children aged nine and younger; and**
- b. **one hour for persons aged ten and older.**

Evidence of Compliance (G10.4.04)

PRE-SITE
Provide procedures that describe time limits on the use of isolation.
ON-SITE
The team will interview the program director and review logs.

Rating Indicators (G10.4.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.



MANUAL RESTRAINT*

G10.5 An organization whose policies permit the use of manual restraint complies with the requirements of this section.

NA Organizational policy prohibits the use of manual restraint.

G10.5.01

In each instance where manual restraint is used:

- a. authorization for its use is provided by qualified personnel with the appropriate credentials, skills, knowledge, and expertise and in accord with federal, state, or provincial requirements;**
- b. the clinical justification, use, circumstances, efforts to employ less restrictive measures, and length of application are clearly documented; and**
- c. each incident is administratively reviewed no later than one working day after its use.**

Evidence of Compliance (G10.5.01)

PRE-SITE

Provide procedures for authorizing the use of manual restraint. The team will review the risk management reports that are provided for G2.5.03 and G2.5.04.

ON-SITE

The team will review incident logs and case records.

Rating Indicators (G10.5.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.5.02

Written procedures governing the use of manual restraint specify that:

- a. manual restraint is used only in emergency or crisis situations to protect individuals from harming themselves or others;**
- b. personnel use the least restrictive, safest, and most effective methods;**
- c. manual restraint is only used when, in each instance of its use, less restrictive measures have proven to be ineffective; and**
- d. manual restraint is discontinued as soon as possible.**

Evidence of Compliance (G10.5.02)

PRE-SITE

Provide procedures on the use of manual restraint

ON-SITE

The team will review logs and interview personnel.

Rating Indicators (G10.5.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.5.03

Persons being manually restrained are monitored continuously and assessed at least every 15 minutes for any harmful health or psychological reactions.

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<p>Evidence of Compliance (G10.5.03)</p> <p>PRE-SITE Provide procedures for monitoring and assessing persons being manually restrained. ON-SITE The team will interview personnel and review logs.</p>	<p>Rating Indicators (G10.5.03)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice could be strengthened in some minor way.3 Practice requires significant improvement.4 The organization does not comply with the standard.
<p>G10.5.04</p> <p>Written procedures also include the following:</p> <ol style="list-style-type: none">a. all direct service personnel have access to a copy of written policies and procedures regarding the appropriate and limited use of manual restraint;b. persons being manually restrained are provided access to food and water;c. a continuing log is kept containing names, reasons for manual restraint, amount of time restrained, and verification that continuous visual observation is maintained; andd. the use of manual restraint is documented in the person’s case record.	
<p>Evidence of Compliance (G10.5.04)</p> <p>PRE-SITE Provide procedures governing the use of manual restraint. ON-SITE The team will interview personnel and review the log.</p>	<p>Rating Indicators (G10.5.04)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice could be strengthened in some minor way.3 Practice requires significant improvement.4 The organization does not comply with the standard.
<p>G10.5.05</p> <p>The use of manual restraint is limited to the following maximum time per episode:</p> <ol style="list-style-type: none">a. 15 minutes for children aged nine and younger; andb. 30 minutes for persons aged ten and older. <p>Interpretation (G10.5.05):</p> <p><i>On a case-by-case basis, timeframes may be extended for chronic, self-harming behaviors, but all such instances must be approved by qualified personnel with the authority to make such decisions. (See G10.5.01a).</i></p>	
<p>Evidence of Compliance (G10.5.05)</p> <p>PRE-SITE Provide procedures that describe time limits on the use of manual restraint. ON-SITE The team will interview the program director, and review logs.</p>	<p>Rating Indicators (G10.5.05)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice could be strengthened in some minor way.3 Practice requires significant improvement.4 The organization does not comply with the standard.



G10.5.06

Following each use of manual restraint, a debriefing is conducted within 24 hours that includes appropriate personnel, the person served, and his/her parent or legal guardian, and:

- a. evaluates the well-being of the person served and identifies the need for counseling or other services related to the incident;**
- b. identifies antecedent behaviors and modifies the service plan as appropriate; and**
- c. analyzes how the incident was handled and identifies needed changes to procedures and/or staff training.**

Evidence of Compliance (G10.5.06)

PRE-SITE
Provide procedures for conducting debriefings.
ON-SITE
The team will review case records and debriefing reports.

Rating Indicators (G10.5.06)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., debriefings are conducted within three business days.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

LOCKED SECLUSION*

G10.6 An organization whose policies permit the use of locked seclusion complies with the standards of this section.

NA Organizational policy prohibits the use of locked seclusion or the organization is a Canadian organization.

G10.6.01

In each instance where locked seclusion is used:

- a. authorization for its use is provided by qualified personnel with the appropriate credentials, skills, knowledge, and expertise and in accord with federal or state requirements;**
- b. a board-certified physician's approval is required for any period longer than 30 minutes;**
- c. the clinical justification, use, circumstances, efforts to employ less restrictive measures, and length of application are clearly documented; and**
- d. each incident is administratively reviewed no later than one working day after its use.**

Evidence of Compliance (G10.6.01)

PRE-SITE
Provide procedures for authorizing the use of locked seclusion. The team will review risk management reports that are provided for G2.5.03 and G2.5.04.
ON-SITE
The team will review incident logs and case records.

Rating Indicators (G10.6.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.



G10.6.02

Written procedures governing the use of locked seclusion specify that:

- a. locked seclusion is used only in emergency or crisis situations to protect individuals from harming themselves or others;**
- b. locked seclusion is only used when, in each instance of its use, less restrictive measures have proven to be ineffective;**
- c. personnel use the least restrictive, safest, and most effective methods for escorting persons to seclusion rooms and placing persons in seclusion; and**
- d. locked seclusion is discontinued as soon as possible.**

Evidence of Compliance (G10.6.02)

PRE-SITE
Provide procedures on the use of locked seclusion.
ON-SITE
The team will review logs and interview personnel.

Rating Indicators (G10.6.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.6.03

Persons placed in locked seclusion are continuously monitored, face-to-face, and assessed at least every 15 minutes for any harmful health or psychological reactions.

Evidence of Compliance (G10.6.03)

PRE-SITE
Provide procedures for monitoring and assessing persons in locked seclusion.
ON-SITE
The team will interview personnel and review logs.

Rating Indicators (G10.6.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.6.04

Written procedures include the following:

- a. all direct service personnel have access to a copy of written policies and procedures regarding the appropriate and limited use of locked seclusion;**
- b. rooms used for locked seclusion conform to existing licensing or fire safety requirements;**
- c. persons being secluded are provided with food, water, and access to a lavatory;**
- d. only one individual at a time, per room, is placed in locked seclusion;**
- e. a continuing log is kept containing names, reasons for being secluded, amount of time locked in seclusion, and verification that continuous visual observation is maintained; and**
- f. the use of locked seclusion is documented in the person's case record.**

Evidence of Compliance (G10.6.04)

PRE-SITE
Provide procedures governing the use of locked seclusion.
ON-SITE
The team will interview personnel, visually inspect rooms used for secluding persons served, and review the log.

Rating Indicators (G10.6.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.

(continued on next page)



- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.6.05

The use of locked seclusion is limited to the following maximum time per episode:

- a. 15 minutes for children aged nine and younger; and**
- b. one hour for persons aged ten and older.**

Interpretation (G10.6.05):

On a case-by-case basis, timeframes may be extended for chronic, self-harming behaviors, but all such instances must be approved by a board-certified physician. (See G10.6.01b).

Evidence of Compliance (G10.6.05)

PRE-SITE
Provide procedures describing time limits on the use of locked seclusion.
ON-SITE
The team will interview the program director and review logs.

Rating Indicators (G10.6.05)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.6.06

Following each use of locked seclusion, a debriefing is conducted within 24 hours that includes appropriate personnel, the person served, and his/her parent or legal guardian, and:

- a. evaluates the well-being of the person served and identifies the need for counseling or other services related to the incident;**
- b. identifies antecedent behaviors and modifies the service plan as appropriate; and**
- c. analyzes how the incident was handled and identifies needed changes to procedures and/or staff training.**

Evidence of Compliance (G10.6.06)

PRE-SITE
Provide procedures for conducting debriefings.
ON-SITE
The team will review case records and debriefing reports.

Rating Indicators (G10.6.06)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., debriefings are conducted within three business days.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.



MECHANICAL RESTRAINT*

G10.7 An organization whose policies permit the use of mechanical restraint complies with the standards of this section.

NA Organizational policy prohibits the use of mechanical restraint or the organization is a Canadian organization.

G10.7.01

In each instance where mechanical restraint is used:

- a. authorization for its use is provided by qualified personnel with the appropriate credentials, skills, knowledge, and expertise and in accord with federal or state requirements;**
- b. a board-certified physician's approval is required for any use of mechanical restraint for a period longer than 30 minutes;**
- c. the clinical justification, use, circumstances, efforts to employ less restrictive measures, and length of application are clearly documented; and**
- d. each incident is administratively reviewed no later than one working day after its use.**

Evidence of Compliance (G10.7.01)

PRE-SITE
Provide procedures for authorizing the use of mechanical restraint.

ON-SITE
The team will review quarterly risk management reports, incident logs, and case records.

Rating Indicators (G10.7.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.7.02

Written procedures governing the use of mechanical restraint specify that:

- a. mechanical restraint is used only in emergency or crisis situations to protect individuals from harming themselves or others;**
- b. personnel use the least restrictive, safest, and most effective methods;**
- c. mechanical restraint is only used when, in each instance of its use, less restrictive measures have proven to be ineffective; and**
- d. mechanical restraint is discontinued as soon as possible.**

Evidence of Compliance (G10.7.02)

PRE-SITE
Provide procedures on the use of mechanical restraint.

ON-SITE
The team will review logs and interview personnel.

Rating Indicators (G10.7.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.



G10.7.03

Persons being mechanically restrained are monitored continuously and assessed at least every 15 minutes for any harmful health or psychological reactions.

Evidence of Compliance (G10.7.03)

PRE-SITE
Provide procedures for monitoring and assessing persons being mechanically restrained.
ON-SITE
The team will interview personnel.

Rating Indicators (G10.7.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.7.04

Written procedures also include the following:

- a. all direct service personnel have access to a copy of written policies and procedures regarding the appropriate and limited use of mechanical restraint;**
- b. persons being mechanically restrained are provided access to food and water;**
- c. equipment used for mechanically restraining persons conforms to federal or state safety requirements;**
- d. a continuing log is kept containing names, reasons for restraint, amount of time restrained, and verification that continuous visual observation is maintained; and**
- e. the use of mechanical restraint is documented in the person's case record.**

Evidence of Compliance (G10.7.04)

PRE-SITE
Provide procedures governing the use of mechanical restraint.
ON-SITE
The team will interview personnel, inspect equipment used for mechanically restraining persons served, and review the log.

Rating Indicators (G10.7.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

G10.7.05

The use of mechanical restraint is limited to the following maximum time per episode:

- a. 15 minutes for children aged nine and younger; and**
- b. 30 minutes for persons aged ten and older.**

Interpretation (G10.7.05):

On a case-by-case basis, timeframes may be extended for chronic, self-harming behaviors, but all such instances must be approved by a board-certified physician. (See G10.7.01b).

Evidence of Compliance (G10.7.05)

PRE-SITE
Provide procedures describing time limits on the use of restraint.
ON-SITE
The team will interview the program director, and review logs.

Rating Indicators (G10.7.05)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.



G10.7.06

Following each use of mechanical restraint, a debriefing is conducted within 24 hours that includes appropriate personnel, the person served, and his/her parent or legal guardian, and:

- a. evaluates the well-being of the person served and identifies the need for counseling or other services related to the incident;**
- b. identifies antecedent behaviors and modifies the service plan as appropriate; and**
- c. analyzes how the incident was handled and identifies needed changes to procedures and/or staff training.**

Evidence of Compliance (G10.7.06)

PRE-SITE
Provide procedures for conducting debriefings.
ON-SITE
The team will review case records and debriefing reports.

Rating Indicators (G10.7.06)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., debriefings are conducted within three business days.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

